

DIVISION OF CHILD AND FAMILY SERVICES
CHILDREN'S MENTAL HEALTH SERVICES
GRIEVANCE RESOLUTION REPORT

Individual filing grievance: _____

Relationship to the child, youth or agency: _____

Phone: (____) _____ Alternate phone: (____) _____

Staff accepting grievance: _____ Title: _____

Program: Division of Child and Family Services/_____ Date Received: _____

Extension request date: _____ Approved: Denied:

Approval Signature: _____ Title: _____

Concise Statement of Grievance (*Identify specifics of the issue of concern including names, dates, programs involved*):

Resolution of the Grievance (*Identify specifics and child's or youth's response to the proposed resolution of the grievance*):

Signature: _____ Date: _____

Additional Comments:

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Additional Comments:

Printed Name: _____ Title: _____

Signature: _____ Date: _____